

## General

### Title

Identification of alcohol and other drug services: summary of the number and percentage of members with an alcohol and other drug (AOD) claim who received the following chemical dependency services during the measurement year: any service, inpatient, intensive outpatient or partial hospitalization, and outpatient or ED.

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Measure Domain

### Primary Measure Domain

Related Health Care Delivery Measures: Use of Services

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure summarizes the number and percentage of members with an alcohol and other drug (AOD) claim who received the following chemical dependency services during the measurement year:

- Any service
- Inpatient
- Intensive outpatient or partial hospitalization
- Outpatient or emergency department (ED)

## Rationale

This measure provides an overview of members with an alcohol and other drug (AOD) dependence diagnosis and the extent to which the different levels of chemical dependency services are used.

There are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition. Treatment of medical problems caused by substance use and abuse places a huge burden on the health care system (Schneider Institute for Health Policy & Brandeis University, 2001).

## Evidence for Rationale

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Schneider Institute for Health Policy, Brandeis University. The nation's number one health problem. Princeton (NJ): Robert Wood Johnson Foundation; 2001.

## Primary Health Components

Chemical dependency services; alcohol and other drug (AOD); inpatient; intensive outpatient; partial hospitalization; outpatient; emergency department (ED)

## Denominator Description

For commercial, Medicaid, and Medicare product lines, all member months during the measurement year for members with the chemical dependency benefit, stratified by age and sex (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Members who received inpatient, intensive outpatient, partial hospitalization, outpatient and emergency department (ED) chemical dependency services (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Additional Information Supporting Need for the Measure

Unspecified

## Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

## Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Ambulatory/Office-based Care

Emergency Department

Hospital Inpatient

Hospital Outpatient

Managed Care Plans

Rehabilitation Centers

Residential Care Facilities

Substance Use Treatment Programs/Centers

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

## Statement of Acceptable Minimum Sample Size

Unspecified

## Target Population Age

All ages

## Target Population Gender

Either male or female

## National Strategy for Quality Improvement in Health Care

### National Quality Strategy Priority

## Institute of Medicine (IOM) National Health Care Quality Report Categories

### IOM Care Need

Not within an IOM Care Need

### IOM Domain

Not within an IOM Domain

## Data Collection for the Measure

### Case Finding Period

The measurement year

### Denominator Sampling Frame

Enrollees or beneficiaries

### Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

### Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

### Inclusions

For commercial, Medicaid, and Medicare product lines, all member months during the measurement year for members with the chemical dependency benefit, stratified by age and sex. Refer to *Specific Instructions for Utilization Tables* in the original measure documentation for more information.

Note: Because some organizations may offer different benefits for inpatient and outpatient chemical dependency services, denominators in the columns of the member months table may vary. Include all members with any chemical dependency benefit in the denominator in the *Any Service* column.

### Exclusions

#### Unspecified

### Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase HEDIS Volume 2, which includes the Value Set Directory.

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

Members who received inpatient, intensive outpatient, partial hospitalization, outpatient and emergency department (ED) chemical dependency services. Count members in each column only once, regardless of number of visits.

*Inpatient:* Include acute and nonacute inpatient discharges, including inpatient detoxification, from either a hospital or a treatment facility, with any diagnosis of chemical dependency (Chemical Dependency Value Set). To identify acute and nonacute inpatient discharges:

- Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set)

- Identify the discharge date for the stay

*Intensive Outpatient and Partial Hospitalization:* Report intensive outpatient and partial hospitalization claims/encounters in conjunction with any chemical dependency diagnosis. Count services provided by physician and nonphysician practitioners. Any of the following code combinations meet criteria:

- IAD Stand Alone IOP/PH Value Set *with* Chemical Dependency Value Set

- IAD IOP/PH Value Set *with* POS 52 Value Set *and* Chemical Dependency Value Set

- IAD IOP/PH Value Set *with* POS 53 Value Set *and* Chemical Dependency Value Set, where the organization can confirm that the visit was in an intensive outpatient or partial hospitalization setting (POS 53 is not specific to setting).

*Outpatient and ED:* Report outpatient and ED claims/encounters in conjunction with any chemical dependency diagnosis. Count services provided by physician and nonphysician practitioners. Only include observation stays and ED visits that do not result in an inpatient stay. Any of the following code combinations meet criteria:

- IAD Stand Alone Outpatient Value Set *with* Chemical Dependency Value Set

- Observation Value Set *with* Chemical Dependency Value Set

- ED Value Set *with* Chemical Dependency Value Set

- IAD Outpatient/ED Value Set *with* IAD Outpatient/ED POS Value Set *and* Chemical Dependency

## Value Set

IAD Outpatient/ED Value Set *with* POS 53 Value Set *and* Chemical Dependency Value Set, where the organization can confirm that the visit was in an intensive outpatient or ED setting (POS 53 is not specific to setting).

### Note:

Count members in the *Any Service* column only if they had at least one inpatient, intensive outpatient, partial hospitalization, outpatient or ED claim/encounter during the measurement year.

For members who had more than one encounter, count only the first visit in the measurement year and report the member in the respective age category as of the date of service or discharge.

## Exclusions

*Intensive Outpatient and Partial Hospitalization:* Exclude services the health plan knows to be *inpatient* based on type of bill, place of service, or location of service codes.

## Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase HEDIS Volume 2, which includes the Value Set Directory.

# Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

# Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

Ratio

## Interpretation of Score

Does not apply to this measure (i.e., there is no pre-defined preference for the measure score)

## Allowance for Patient or Population Factors

not defined yet

## Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial-by product or combined HMO/POS, total Medicaid, Medicaid/Medicare dual-eligibles, Medicaid-disabled, Medicaid-other low income, and Medicare product lines.

Measure results are stratified by age and sex.

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Identification of alcohol and other drug services (IAD).

### Measure Collection Name

HEDIS 2016: Health Plan Collection

### Measure Set Name

Utilization and Risk Adjusted Utilization

### Measure Subset Name

Utilization

### Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

### Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

### Funding Source(s)

Unspecified

### Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

## Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2015 Oct

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

## Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#) .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## Companion Documents



The following is available:

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on March 27, 2009. The information was verified by the measure developer on May 29, 2009.

This NQMC summary was updated by ECRI Institute on February 8, 2010 and on June 8, 2011.

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## Production

## Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and

# Disclaimer

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